

**APPLICATION FOR LICENSE CERTIFICATE
PEDDLER PERMIT**

PLEASE PRINT OR TYPE. Answer all questions completely.

If a question is not pertinent, write N/A in the accompanying space. Do not leave any Question unanswered. Incomplete or unanswered questions shall result in a denial of the license application. Falsification of answers in this application shall result in the revocation of the Peddler Permit, forfeiture of any fees or bond, and potential criminal prosecution.

This application for a Peddler Permit is made pursuant to the provisions of Ordinance No. 1561, adopted by the Common Council of the City of Rome, New York on June 1st, 1953 and presently codified at Section 18 of the Rome Code of Ordinances.

I. INDIVIDUAL BACKGROUND

Name of Applicant: (also Maiden name): _____

Permanent Address: _____

Permanent Phone Number: () _____ Pager: () _____

Place & Date of Birth: _____

Social Security Number: _____ - _____ - _____

Male: _____ Female _____

Do you possess a current driver's license? No _____ Yes _____

What State issued your driver's license: _____

Driver's License I. D. Number: _____

Do you own or have use of a motor vehicle? NO _____ YES _____

Make & Year of Vehicle: _____ Color: _____ Model: _____

License Plate Number: _____ State Registered: _____

II. BUSINESS – ORGANIZATION – ASSOCIATION
INFORMATION

Are you associated or affiliated with any business, company, religious, non-profit or other organization for the purpose of conducting your peddling in the City of Rome, N.Y. YES _____ NO _____

Business - Organization - Association Name: _____

Address: _____

Business Phone Number : () _____

Type of product or items to be sold: _____

Officer or Representative to whom you are responsible:

Name: _____

Their Title: _____ Phone Number _____

Your Job Title: _____

Number of Years Business has been open or conducted: _____

If applicant intends to sell foodstuffs, include the following:

Oneida County Health Department Certificate (Attach Copy)

Date Issued: _____ Date Expires: _____

New York State Tax Certificate Information: (Attach Copy)

Date Expires: _____ Certificate Number: _____

If tax exempt status applies to your Organization: _____

Tax Exempt Number: _____

Attach a list of all employees' names, addresses, & phone numbers, if employee is to sell Under this permit; otherwise only applicant is valid under this permit application. Also attach copies of any brochures, pamphlets, material and legal documents that you may use as part of your business/sales.

III: REFERENCES

- A. List the location and addresses of the location that you have conducted business over The past six months (specify dates for each)

- B. List three (3) character references (not relatives) that have known you for a period of at least one year:

Name: _____
Address: _____
Home phone: () _____ Business phone: _____
Occupation: _____
Nature of acquaintance: _____

Name: _____
Address: _____
Home phone: () _____ Business phone: _____
Occupation: _____
Nature of acquaintance: _____

Name: _____
Address: _____
Home phone: () _____ Business phone: _____
Occupation: _____
Nature of acquaintance: _____

NOTE: The City of Rome, New York reserves the right to check any and all references that may reflect on your character and business practices. The office of the City Clerk shall not issue a Peddler Permit until such time as applicant's background and character have been certified by the Rome Police Department.

Applicant shall allow for a period of up to three (3) business days to complete this task.

IV. SIGNATURE

I certify under penalty of perjury that I have personally answered all the questions contained herein and that the information provided by me is true and complete to the best of my knowledge.

I have read the foregoing and understand that FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210. of the NEW YORK STATE PENAL LAW.

Sworn to and subscribed before me this ____ day of _____, 200_

Notary Public, Oneida County
My Commission expires on _____

V. POLICE DEPARTMENT VERIFICATION

The references and credentials of the individual have been checked and APPROVED/DISAPPROVED by the Rome Police Department.

Dated: _____

Printed Name and Title

VI. CITY CLERK LICENSE INFORMATION

Fee Paid: \$_____ Certificate Number: _____

Date License Issued: _____

Date License Expires: _____

Date: _____

City Clerk's Signature